## ARIZONA STATE BOARD OF HEALTH

State File	No. 144a
Daritatoral	No.

i. Place of i	BIRTH	STANDARD CERTIF		Registered No	
County			StateAPLISONA.		
District or Tow	nillo in roservatio	13.4	or Village 13813 Cart.1	084	
City	No(II	en igarital.	hospital or institution, give	St. Ward its NAME instead of street and number) [If child is not yet named, make supplemental report, as directed.  7. Date of birth FOD. 228 1993	
	To be answered ONLY   4. (in event of plural births.   5. 1	Twin, triplet or other. No., in order of birth.	8, Legitimate 1	7. Date S' 1931	
tu <b>r</b> o	FATHER		14.	MOTHER	
Full Name Francis Ewing			Full malden name		
9. Residence : Gil Carlos, Ardrona, (Usual place of abode)		15. Residence MAR GUYLOR, APIZONA, (Usual place of bode)			
If non-reside	nt, give place and state.		If non-resident, give place and state.		
10 Color or rac 4/4 Appended Indian	11. Are at last bis	thday, EG (Years)	d/d spacin Indian	17. Age at last birthday	
12. Birthplace (city or place) SOM GAPLON, ARIBA		18. Birthplace (city or place) (Mil) CAPLOM, APLEANA,  State or country)			
18. Occupation Laborar.		19. Occupation 18011908 Co.			
Name of Industry			Nature of Industry.		
20. Number of children of this mother.  (Taken as of time of birth of child herein certified and including this child.)  (a) Born alive and now living.  (b) Born alive but now dead.  (c) Stillborn.					
200026 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was NONE OLIVE at De m on the date above stated, (Borry ally) or stillborn)					
When there or midwife, the	was no attending physician en the father, householder, etc., dis return. A stillborn child is her breathes nor shows other	Signature	Fort	(Physician or midwite)	
Give name added a supplemental re	from	Address	isan carlos, irii	song	
a supplemental report  Month, day, year  Address 1301 COrlon, Piscung.					
Registrar, 1931 Parist Registrar, 757-228-948					
42/008/1/0					